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|   |         |          |                          |          |
|---|---------|----------|--------------------------|----------|
| NAME (LAST)                                   | (FIRST) | (MIDDLE) | DATE RECEIVED            |          |
| Carrillo                                      | Efren   |          |                          |          |
| MAILING ADDRESS (Business Address Acceptable) | STREET  | CITY     | STATE                    | ZIP CODE |
|   |         |          | OPTIONAL: E-MAIL ADDRESS |          |

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

County of Sonoma

Division, Board, District, if applicable:

Board of Supervisors

Your Position:

Fifth District Supervisor

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: Bay Conservation and Development Comm

Position: Alternate Commissioner

**2. Jurisdiction of Office (Check at least one box)**☒ State☒ County of Sonoma☐ City of \_\_\_\_\_☐ Multi-County \_\_\_\_\_☐ Other \_\_\_\_\_**3. Type of Statement (Check at least one box)**☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2009.☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.☐ Candidate Election Year: \_\_\_\_\_**4. Schedule Summary**

► Total number of pages including this cover page: \_\_\_\_\_

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached  
Investments (Less than 10% Ownership)Schedule A-2 ☐ Yes - schedule attached  
Investments (10% or Greater Ownership)Schedule B ☒ Yes - schedule attached  
Real PropertySchedule C ☐ Yes - schedule attached  
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)Schedule D ☒ Yes - schedule attached  
Income - GiftsSchedule E ☐ Yes - schedule attached  
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3/30/10

Signature

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name

Camillo, Efen

► STREET ADDRESS OR PRECISE LOCATION

2158 Waltzer Road

CITY

Santa Rosa, CA 95403

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
ACQUIRED      DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust      ☐ Easement

☐ Leasehold      ☐ \_\_\_\_\_  
Yrs. remaining      Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499      ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

n/a

► STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
ACQUIRED      DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust      ☐ Easement

☐ Leasehold      ☐ \_\_\_\_\_  
Yrs. remaining      Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499      ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

Redwood Credit Union

ADDRESS (Business Address Acceptable)

3033 Cleveland Avenue, Santa Rosa 95403

BUSINESS ACTIVITY, IF ANY, OF LENDER

Credit union

INTEREST RATE

5.375 %      ☐ None

TERM (Months/Years)

30 yrs

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☒ OVER \$100,000

☐ Guarantor, if applicable

1st mortgage

NAME OF LENDER\*

Redwood Credit Union

ADDRESS (Business Address Acceptable)

3033 Cleveland Avenue, Santa Rosa 95403

BUSINESS ACTIVITY, IF ANY, OF LENDER

Credit union

INTEREST RATE

8.25 %      ☐ None

TERM (Months/Years)

30 yrs

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

☐ Guarantor, if applicable

2nd mortgage on 2158 Waltzer

Comments:

# SCHEDULE D Income - Gifts

|  |
|--|
| <b>CALIFORNIA FORM 700</b><br><small>Table provided for use by filers of FPPC Form 700</small> |
| <b>Name</b><br><u>Carrillo, Efren</u>  |

► NAME OF SOURCE  
Jim Passage

ADDRESS (Business Address Acceptable)  
425 7th Street, Santa Rosa, CA 95401

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
museum board member

| DATE (mm/dd/yy)     | VALUE         | DESCRIPTION OF GIFT(S) |
|---------------------|---------------|------------------------|
| <u>04 / 26 / 09</u> | <u>\$ 135</u> | <u>event ticket</u>    |
| <u>  /  /  </u>     | <u>\$</u>     | <u> </u>               |
| <u>  /  /  </u>     | <u>\$</u>     | <u> </u>               |

► NAME OF SOURCE  
Council on Aging

ADDRESS (Business Address Acceptable)  
30 Kawana Springs Road Santa Rosa, CA 95404

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
advocacy non-profit

| DATE (mm/dd/yy)     | VALUE         | DESCRIPTION OF GIFT(S)   |
|---------------------|---------------|--------------------------|
| <u>05 / 02 / 09</u> | <u>\$ 135</u> | <u>event date ticket</u> |
| <u>  /  /  </u>     | <u>\$</u>     | <u> </u>                 |
| <u>  /  /  </u>     | <u>\$</u>     | <u> </u>                 |

► NAME OF SOURCE  
Dale Miller

ADDRESS (Business Address Acceptable)  
1150 Coddington Center, Santa Rosa 95401

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Bail Bonds

| DATE (mm/dd/yy)     | VALUE         | DESCRIPTION OF GIFT(S) |
|---------------------|---------------|------------------------|
| <u>05 / 16 / 09</u> | <u>\$ 200</u> | <u>event ticket</u>    |
| <u>  /  /  </u>     | <u>\$</u>     | <u> </u>               |
| <u>  /  /  </u>     | <u>\$</u>     | <u> </u>               |

► NAME OF SOURCE  
George Dutton

ADDRESS (Business Address Acceptable)  
115 Foss creek Circle Healdsburg, CA 95448

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
real estate appraisal

| DATE (mm/dd/yy)     | VALUE         | DESCRIPTION OF GIFT(S) |
|---------------------|---------------|------------------------|
| <u>05 / 30 / 09</u> | <u>\$ 100</u> | <u>2 event tickets</u> |
| <u>  /  /  </u>     | <u>\$</u>     | <u> </u>               |
| <u>  /  /  </u>     | <u>\$</u>     | <u> </u>               |

► NAME OF SOURCE  
Rick Williams

ADDRESS (Business Address Acceptable)  
3244 Gravenstein Highway North Sebastopol, CA 95

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
garden supply retailer

| DATE (mm/dd/yy)     | VALUE         | DESCRIPTION OF GIFT(S) |
|---------------------|---------------|------------------------|
| <u>05 / 03 / 09</u> | <u>\$ 100</u> | <u>2 event tickets</u> |
| <u>  /  /  </u>     | <u>\$</u>     | <u> </u>               |
| <u>  /  /  </u>     | <u>\$</u>     | <u> </u>               |

► NAME OF SOURCE  
Marshall Behling

ADDRESS (Business Address Acceptable)  
487 East Middlefield Rd; Sebastopol, CA 95472

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Verisign

| DATE (mm/dd/yy)     | VALUE         | DESCRIPTION OF GIFT(S) |
|---------------------|---------------|------------------------|
| <u>05 / 16 / 09</u> | <u>\$ 350</u> | <u>2 event tickets</u> |
| <u>  /  /  </u>     | <u>\$</u>     | <u> </u>               |
| <u>  /  /  </u>     | <u>\$</u>     | <u> </u>               |

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

Name

Carrillo, Efrén

## ▶ NAME OF SOURCE

John Sully

ADDRESS (Business Address Acceptable)

10874 Blue Jacket Ct.; Sebastopol, CA 95472

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE  | DESCRIPTION OF GIFT(S) |
|-----------------|--------|------------------------|
| 11 / 06 / 09    | \$ 100 | event ticket           |
| /  /            | \$     |                        |
| /  /            | \$     |                        |

## ▶ NAME OF SOURCE

Honorable Xavier Becerra

ADDRESS (Business Address Acceptable)

1119 Longworth HOB 1224 Washington, DC

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Congressman

| DATE (mm/dd/yy) | VALUE  | DESCRIPTION OF GIFT(S) |
|-----------------|--------|------------------------|
| 09 / 16 / 09    | \$ 400 | event ticket           |
| /  /            | \$     |                        |
| /  /            | \$     |                        |

## ▶ NAME OF SOURCE

Steve Paige

ADDRESS (Business Address Acceptable)

Hwy 37 at 121; Sonoma, CA 95476

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Infineon Raceway

| DATE (mm/dd/yy) | VALUE  | DESCRIPTION OF GIFT(S) |
|-----------------|--------|------------------------|
| 08 / 23 / 09    | \$ 125 | event date ticket      |
| /  /            | \$     |                        |
| /  /            | \$     |                        |

## ▶ NAME OF SOURCE

Palm Drive Health Care Foundation

ADDRESS (Business Address Acceptable)

6800 Palm Dr; Sebastopol, CA 95472

BUSINESS ACTIVITY, IF ANY, OF SOURCE

health care foundation

| DATE (mm/dd/yy) | VALUE  | DESCRIPTION OF GIFT(S) |
|-----------------|--------|------------------------|
| 10 / 25 / 09    | \$ 150 | event date ticket      |
| 06 / 14 / 09    | \$ 150 | event date ticket      |
| /  /            | \$     |                        |

## ▶ NAME OF SOURCE

Sonoma County Vintners

ADDRESS (Business Address Acceptable)

3637 Westwind Blvd Santa Rosa, CA 95403

BUSINESS ACTIVITY, IF ANY, OF SOURCE

trade organization

| DATE (mm/dd/yy) | VALUE  | DESCRIPTION OF GIFT(S) |
|-----------------|--------|------------------------|
| 09 / 05 / 09    | \$ 300 | 2 event tickets        |
| /  /            | \$     |                        |
| /  /            | \$     |                        |

## ▶ NAME OF SOURCE

Sonoma County Harvest Fair

ADDRESS (Business Address Acceptable)

PO Box 1536; Santa Rosa, CA 95402

BUSINESS ACTIVITY, IF ANY, OF SOURCE

fair event

| DATE (mm/dd/yy) | VALUE  | DESCRIPTION OF GIFT(S) |
|-----------------|--------|------------------------|
| 08 / 14 / 09    | \$ 130 | 2 tickets to gala      |
| /  /            | \$     |                        |
| /  /            | \$     |                        |

Comments:

**SCHEDULE D**  
**Income - Gifts**

► NAME OF SOURCE  
Bohemian Club  
 ADDRESS (Business Address Acceptable)  
20601 Bohemian Highway; Monte Rio, CA 95462  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
private member club

| DATE (mm/dd/yy)     | VALUE         | DESCRIPTION OF GIFT(S) |
|---------------------|---------------|------------------------|
| <u>05 / 16 / 09</u> | <u>\$ 100</u> | <u>lunch event</u>     |
| <u>  /  /  </u>     | <u>\$</u>     | <u>  </u>              |
| <u>  /  /  </u>     | <u>\$</u>     | <u>  </u>              |

► NAME OF SOURCE  
Susan Upchurch  
 ADDRESS (Business Address Acceptable)  
3180 N. Edison St; Graton, CA 95444  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Assistant to Supervisor Carrillo

| DATE (mm/dd/yy)    | VALUE         | DESCRIPTION OF GIFT(S)       |
|--------------------|---------------|------------------------------|
| <u>3 / 20 / 09</u> | <u>\$ 250</u> | <u>framed art for office</u> |
| <u>  /  /  </u>    | <u>\$</u>     | <u>  </u>                    |
| <u>  /  /  </u>    | <u>\$</u>     | <u>  </u>                    |

► NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| <u>  /  /  </u> | <u>\$</u> | <u>  </u>              |
| <u>  /  /  </u> | <u>\$</u> | <u>  </u>              |
| <u>  /  /  </u> | <u>\$</u> | <u>  </u>              |

► NAME OF SOURCE  
Sonoma County Fair  
 ADDRESS (Business Address Acceptable)  
PO Box 1536; Santa Rosa, CA 95402  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
fair event

| DATE (mm/dd/yy)     | VALUE         | DESCRIPTION OF GIFT(S)    |
|---------------------|---------------|---------------------------|
| <u>07 / 28 / 09</u> | <u>\$ 171</u> | <u>9 luncheon tickets</u> |
| <u>  /  /  </u>     | <u>\$</u>     | <u>  </u>                 |
| <u>  /  /  </u>     | <u>\$</u>     | <u>  </u>                 |

► NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| <u>  /  /  </u> | <u>\$</u> | <u>  </u>              |
| <u>  /  /  </u> | <u>\$</u> | <u>  </u>              |
| <u>  /  /  </u> | <u>\$</u> | <u>  </u>              |

► NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| <u>  /  /  </u> | <u>\$</u> | <u>  </u>              |
| <u>  /  /  </u> | <u>\$</u> | <u>  </u>              |
| <u>  /  /  </u> | <u>\$</u> | <u>  </u>              |

Comments: \_\_\_\_\_  
 \_\_\_\_\_